

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) D 2399 / st

Box No. I TITLE OF INVENTION	
Method of Increasing the Transgene-Coded Biomolecule Content in Organisms	
Box No. II APPLICANT	
<input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	Telephone No.
Düring, Klaus Vorgebirgsweg 33 D - 50226 Frechen Germany	Facsimile No.
	Teleprinter No.
	Applicant's registration No. with the Office
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	This person is:
Mahn, Andreas Alte Windmühle 2 D - 50129 Bergheim Germany	<input type="checkbox"/> applicant only
	<input checked="" type="checkbox"/> applicant and inventor
	<input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
Applicant's registration No. with the Office	
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	Telephone No.
Huber, Bernard Huber & Schüßler Truderinger Str. 246 D - 81825 München Germany	089/43 77 88 0
	Facsimile No.
	089/43 77 88 99
Teleprinter No.	
Agent's registration No. with the Office	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>Hantke, Sabine Neusser Str. 316 D - 50733 Köln Germany</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>Petsch, Dagmar Erlenweg 11a D - 50827 Köln Germany</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
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State (that is, country) of nationality:	State (that is, country) of residence:
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

This sheet is not part of and does not count as a sheet of the international application.

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FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No.

Applicant's or agent's
file reference

D 2399 / st

Date stamp of the receiving Office

Applicant

Düring, Klaus

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

EUR 100,00 T

2. SEARCH FEE

EUR 945,00 S

International search to be carried out by _____
(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where item (b) of Box No. IX applies, enter Sub-total number of sheets } 30
Where item (b) of Box No. IX does not apply, enter Total number of sheets }

b1 first 30 sheets EUR 444,00 b1

b2 _____ x _____ = _____ b2
number of sheets fee per sheet
in excess of 30

b3 additional component (only if sequence listing part of description
is filed in computer readable form under Section 801(a)(i), or
both in that form and on paper, under Section 801(a)(ii)):

400 x _____ = _____ b3
fee per sheet

Add amounts entered at b1, b2 and b3 and enter total at B EUR 444,00 B

Designation Fees

The international application contains all designations.

5 x 96,00 = EUR 480,00 D
number of designation fees amount of designation fee
payable (maximum 5)

Add amounts entered at B and D and enter total at I EUR 924,00 I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable)

EUR 30,00 P

5. TOTAL FEES PAYABLE

EUR 1999,00

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

☐ authorization to charge
deposit account (see below)

☐ postal money order

☐ cash

☐ coupons

☒ cheque

☐ bank draft

☐ revenue stamps

☐ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

☐ Authorization to charge the total fees indicated above.

☐ (This check-box may be marked only if the conditions for deposit accounts
of the receiving Office so permit) Authorization to charge any deficiency
or credit any overpayment in the total fees indicated above.

☐ Authorization to charge the fee for priority document.

Receiving Office: RO/ _____

Deposit Account No.: _____

Date: _____

Name: _____

Signature: _____

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